

Complaint Number: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any representative of the Michigan State Police bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, the histories/records as indicated below:

Medical Records ☐

Insurance Records ☐

Financial Records ☐
(Includes Checking/Savings)

Employment History ☐

Telephone Records ☐
(Includes Cellular)

Other ☐
(Specify Information Requested)

Credit Records ☐

I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for official use by the Michigan State Police. Consent is granted for the Michigan State Police to furnish such information as indicated above, to law enforcement entities in the course of the State Police fulfilling its official responsibilities.

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name	Social Security No.	Date of Birth
Current Address		Telephone No.
Signature		Date

Requesting Officer's Name Printed: _____

Requesting Officer's Signature: _____